

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Infusion Therapy Providers
Home Health Agencies
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 02-53 MAA

Issued: July 1, 2002

For Information Contact:
1-800-562-6188

Supersedes: 01-42 MAA

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Vendor Rate Increase for Home Infusion Therapy/Parenteral Nutrition Program

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement a one and one-half (1.5) percent vendor rate increase as authorized by the 2001-2003 Biennium Appropriations Act. This rate increase has been applied across the board for state-unique codes in the Infusion Therapy program. Medicare rates are used for HCPCS codes.

Procedure code changes are reflected in the attached fee schedule for Infusion Therapy. Updated billing instructions are currently being written.

Bill MAA your usual and customary charge. Reimbursement will be the lower of the billed charge or the maximum allowable fee.

To obtain MAA's billing instructions and/or numbered memorandums electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Infusion Therapy Equipment and Supplies

<ul style="list-style-type: none"> Reimbursement is limited to a one-month's supply. 			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	Included in NH per diem?
A4221	<p>Supplies for maintenance of drug infusion catheter, per week; (List drug(s) separately) (includes dressings for the catheter site and flush solutions not directly related to drug infusion). The catheter site may be a peripheral intravenous line, a peripherally inserted central catheter (PICC), a centrally inserted intravenous line with either an external or subcutaneous port, or an epidural catheter.</p> <p>Procedure code A4221 also includes all cannulas, needles, dressings, and infusion supplies (excluding the insulin reservoir) related to continuous subcutaneous insulin infusion via external insulin infusion pump (E0784). 1 unit = 1 week</p> <p>Do not bill in combination with:</p> <p>A4215, 0078B, 0080B, 0082B, 0084B, 0086B, 0088B, 4764A, 4585A, 0094B, 0095A, 4595A, 0098B, 4205B, 4206B, 4207B, 4208B, 4209B, 4210B, A6216, 4876B, 4877B, 4878B, 4879B, 4880B, 4881B, A6402, A6257, A4454, 4560A</p>	\$22.15	Y
A4222	<p>Supplies for external drug infusion pump, per cassette or bag (List drug(s) separately).</p> <p>Procedure code A4222 includes the cassette or bag, diluting solutions, tubing, and other administration supplies, port cap changes, compounding charges and preparation charges.</p> <p>Do not bill in combination with:</p> <p>0185B, 0186B, 0187B, 0171B, 0172B, 0173B, 0174B, 0175B, 0176B, 0191B, 0192B, 0193B, 0201B, 0202B, 0206B, 0207B, 0208B, 0211B, 0212B, 0213B, 0214B, 0215B, 0216B, 0018B, 0020B, 0022B, 0024B, 0026B, 0221B, 0222B, 0225B, 0226B, 0227B, 0228B</p>	43.95	Y

Antiseptics & Germicides

• Reimbursement is limited to a one-month's supply.				
Procedure Code/ Modifier	Description	Maximum # Units	Maximum Allowable Fee	NH per diem?
A4244	Alcohol or peroxide, per pint.	1 pint per client, per 6 months	\$0.76	Y
A4245	Alcohol wipes, per box of 200	1 box per client, per month	2.30	Y
A4246	Betadine or phisohex solution, per pint	1 pint per client, per month	3.03	Y
A4247	Betadine or iodine swabs/wipes, per box of 100	1 box per client, per month	4.72	Y
0157B	Disinfectant spray, 12 oz.	1 per client, per 6 months	4.30	Y

Dressings and Tapes

• Reimbursement is limited to a one-month's supply.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
A6402	Gauze, non-impregnated, sterile, pad size 16 sq. inch or less, without adhesive border, each dressing.	\$0.12	Y
0078B	Sponge, IV with slit, 2" x 2", fenestrated, each.	0.15	Y
0080B	Sponge, IV with slit, 4" x 4", fenestrated, each.	0.27	Y
A6257	Transparent film, 16 sq. in. or less, each dressing..	1.51	Y
A4454	Tape, all types, all sizes.	2.58	Y

Housed Needles and Equipment for Needle-Free Systems

• Reimbursement is limited to a one-month's supply.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
4870B	Adapter set with universal spike and on/off clamp.	\$2.75	Y
4871B	Shielded plastic pin for accessing "Y" type injection site.	0.55	Y
4872B	Shielded plastic pin for accessing "Y" type injection site with preattached valve.	2.06	Y
4873B	Valve with 19 gauge x 1" needle preattached, not bonded.	1.40	Y

Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
4874B	Valve – allows aspiration, injection gravity flow of fluids, Luer taper operated.	\$1.51	Y
4875B	Heparin lock (Injection site) – Luer lock injection site.	0.87	Y
4876B	Stainless steel needle in protective housing.	1.40	Y
4877B	Winged noncoring infusion needle, 90° 6” tubing with “Y” injection site and on/off clamp.	5.30	Y
4878B	90° angled noncoring needle.	1.90	Y
4879B	Noncoring, nonsiliconed needle, 90° bend, for Mediport.	3.42	Y
4880B	Dual Luer cap – protects exposed ports, female or male Luers.	0.85	Y
4881B	Replacement cap, male Luer lock nonvented cap.	0.19	Y
4882B	“Gripper” port-a-cath.	6.89	Y

Administration Set – Nonambulatory - Gravity

• Reimbursement is limited to a one-month’s supply.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
0185B	Primary IV set with 0.22 micron filter, nonvented, each.	\$9.50	Y
0186B	Primary IV set without filter, nonvented each.	5.18	Y
0187B	IV set with flow regulator (e.g., Dial-A-Flow), each.	5.99	Y

Administration Sets – Stationary - Pump

• Reimbursement is limited to a one-month’s supply.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
0171B	Primary IV set, nonvented, each.	\$11.05	N
0172B	Primary IV set, vented, each.	12.40	N
0173B	Primary IV set with 0.22 micron low-pressure filter, nonvented, each.	15.02	N
0174B	Primary IV set with high-pressure 0.22 micron filter and Y-site, nonvented, each.	15.41	N
0175B	Primary IV set with high-pressure 0.22 micron filter without Y-site, vented, each.	15.41	N
0176B	Primary IV set, no filter, with upper Y injection site, vented, each.	11.56	N

IV Set – TPN - Ambulatory

<ul style="list-style-type: none"> Reimbursement is limited to a one-month's supply. 			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
0191B	IV set with 0.22 micron filter, each.	\$9.49	N
0192B	IV set with 1.2 micron filter, each.	9.76	N
0193B	IV set without filter, each.	5.19	N

Filter Sets

<ul style="list-style-type: none"> Bill only one of the following codes. Reimbursement is limited to a one-month's supply. 			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
0201B	Filter set, 0.22 micron, each.	\$4.73	N
0202B	Filter set, 1.2 microns, each.	5.00	N

Cassettes/Reservoirs and Extension Sets

<ul style="list-style-type: none"> Reimbursement is limited to a one-month's supply. 			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
0206B	50-ml cassette, each.	\$16.01	N
0207B	100-ml cassette, each.	18.81	N
0208B	Remote reservoir adaptors, each.	19.29	N
0211B	Extension set, 30 inches, each.	2.91	Y
0212B	Extension set, 60 inches, each.	3.36	Y
0213B	Extension set, microbore, with Luer lock connections, each.	3.59	Y
0214B	Extension set with Luer lock "T", each.	5.53	Y
0215B	Extension set, non-Luer lock "T", each.	5.09	Y
0216B	Subcutaneous extension set, each.	4.27	Y

IV Poles

<ul style="list-style-type: none"> • IV poles are purchased once per client, per lifetime. • Purchased IV poles may not be plastic or disposable. • Modifier is required, when billing. 			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
E0776-1P	IV pole Purchase	\$93.30	Y
E0776-RR	IV pole. Rental per month. 1 unit = 1 month	9.33	Y

Miscellaneous Infusion Supplies

<ul style="list-style-type: none"> • Reimbursement is limited to a one-month's supply. 			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
A4206	Syringe with needle, sterile 1 cc, each.	\$0.11	Y
A4207	Syringe with needle, sterile 2 cc, each.	0.12	Y
A4208	Syringe with needle, sterile 3 cc, each.	0.14	Y
A4209	Syringe with needle, sterile 5 cc or greater, each.	0.17	Y
A4212	Noncoring needle or stylet with or without catheter	4.37	Y
A4215	Needles only, sterile, any size, each.	65%	Y
0018B	Self-contained infusion system for antibiotic delivery; 60-1109 ml capacity; 50-200 ml/hr flow rate; each.	13.99	N
0020B	Self-contained infusion system for antibiotic delivery; 205 ml capacity; 175 ml/hr flow rate; each.	19.40	N
0022B	Self-contained infusion system for chemotherapy; 110 ml capacity; 2 ml/hr flow rate (2-day supply); each.	28.09	N
0024B	Self contained infusion system for chemotherapy;110 ml capacity; 5 ml/hr flow rate (1-day supply); each.	21.61	N
0026B	Self-contained infusion system for antibiotic delivery; 250 ml capacity; variable flow rate, each.	20.53	N
0221B	Injection cap, nonsterile, each.	0.16	Y
0222B	Injection cap, sterile, each.	0.46	Y
0223B	IV catheter, peripheral, each.	1.78	Y
0224B	IV catheter, midline, each.	44.05	Y
0225B	IV bag, 1 liter, with or without set, each.	4.13	Y
0226B	IV bag, 2 liters, with or without set, each.	4.26	Y
0227B	IV bag, 3 liters, with or without set, each.	4.42	Y

Home Infusion Therapy/Parenteral Nutrition Program

- Reimbursement is limited to a one-month's supply.

Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
0228B	IV bag, 4 liters, with or without set, each.	\$6.22	Y
0231B	Hyperalimentation set, 80 inches, each. <i>Discontinued for dates of service on or after July 1, 2002.</i>	7.15	Y
0232B	TPN pooling bag, each. <i>Discontinued for dates of service on or after July 1, 2002.</i>	26.76	Y
0233B	TPN mixing containers, each. <i>Discontinued for dates of service on or after July 1, 2002.</i>	7.65	Y
4555A	Gloves, disposable, nonsterile, each.	0.11	Y
4560A	Gloves, disposable, sterile, per pair.	0.77	Y
4580B	Sharps disposal container for home use, up to 1 gallon size; each. Maximum of 2 allowed per client per month.	3.84	Y
0162B	Equipment repair, labor per quarter hour. <i>Discontinued for dates of service on or after July 1, 2002.</i> Use procedure code E1340.	8.22	N
E1340	Repair or nonroutine service, for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes.	8.35	N
0163B	Equipment repair, parts.	B.R.	N
4621B	10 quart chemotherapy waste container. 1 per client per week.	7.18	Y
4570B	Other medical supplies not listed. Included in nursing facility daily rate. MAA approval required. <i>Discontinued for dates of service on or after July 1, 2002.</i> Use procedure code B9999.	B.R.	
B9999	No other code for parenteral supplies. Requires prior authorization. SEE INSTRUCTIONS ON NEXT PAGE.	To be determined by MAA	N/A

Miscellaneous Procedure Code B9999

Miscellaneous procedure code B9999 requires prior authorization. In order to be reimbursed for B9999, you must **first** copy and complete the attached form and fax the form to MAA for review and approval. Keep a copy of your request in the client's file.

Do not submit claims using HCPCS code B9999 until you have received a confirmation number from MAA indicating that your bill has been reviewed and approved.

Include the following supporting documentation with your fax for approval:

- Agency name and provider number;
- Client PIC;
- Date of service;
- Name of piece of equipment;
- Invoice;
- Prescription;
- Explanation of client-specific, medical necessity; and
- Name of primary piece of equipment and whether the equipment is rented or owned.

Make copies of the attached form and mail/fax to:

Medical Assistance Administration
Home Infusion Therapy/Parenteral Nutrition Program
PO Box 45506
Olympia, WA 98504-5506
FAX: (360) 586-2262

 **See Justification for Use of Miscellaneous Parenteral Supply Procedure Code (B9999) form on next page....**

Justification for use of Miscellaneous Parenteral Supply Procedure Code (B9999)

★Fax this form to MAA for review prior to submitting your claim

Attn: Home Infusion/Parenteral Nutrition

Fax: 360 586-2262

Also fax: Your Invoice Prescription

Agency Name:	_____	Agency Provider #:	_____
Client Name:	_____	Client PIC:	_____
Client Diagnosis:	_____	MAA Review No.	_____

Date of Service:	_____	Name of the Equipment:	_____	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned
Medical Necessity:	_____				

Units Requested	_____
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Date of Service:	_____	Name of the Equipment:	_____	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned
Medical Necessity:	_____				

Units Requested	_____
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Date of Service:	_____	Name of the Equipment:	_____	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned
Medical Necessity:	_____				

Units Requested	_____
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FOR MAA USE ONLY

☐ Approved ☐ Denied Not Medically Necessary ☐ Alternate Code Suggested _____ ☐ Part of Global Fee for _____

Description _____, Payment per Unit _____, Total Payment _____

Logged Date:	_____	Need to establish code:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Infusion Pumps

<ul style="list-style-type: none"> • Bill only one type of infusion pump code, per month. • MAA does not reimburse for a rental and a purchase of the same item simultaneously per client. • Infusion pumps are considered purchased after 12 months' rental. • Infusion pumps must be new equipment at beginning of rental period. • Modifier is required, when billing. • Bill daily rate if rental is less than 1 month. • Purchase is limited to one pump, per client, per 5 years. 			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
E0779-1P	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. Purchase.	\$166.50	N
E0779-RR	Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater. Rental per month.	16.65/month	N
E0780-1P	Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours. Purchase.	10.32	N
E0781-1P	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient. Purchase.	2,705.80	N
E0781-RR	Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient. Rental per month.	263.56/month	N
E0791-1P	Parenteral infusion pump, stationary, single or multichannels. Purchase.	3,146.40	N
E0791-RR	Parenteral infusion pump, stationary, single or multichannels. Rental per month.	314.64/month	N
0070B-1P	IV pump capable of delivering 3 or more preparations. Discontinued for dates of service on or after July 1, 2002.	2,622.49	N
0070B-RR	IV pump capable of delivering 3 or more preparations. Rental per day. 1 unit = 1 day rental. Discontinued for dates of service on or after July 1, 2002.	7.90	N
1783E-1P	Ambulatory PCA pump with program flexibility, including PCA, PCA with basal or continuous only modes. Includes administration equipment. 1 unit = 1 day rental. Discontinued for dates of service on or after July 1, 2002.	3,012.84	N

Home Infusion Therapy/Parenteral Nutrition Program

Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
1783E-RR	Ambulatory PCA pump with program flexibility, including PCA, PCA with basal or continuous only modes. Includes administration equipment. 1 unit = 1 day rental. <i>Discontinued for dates of service on or after July 1, 2002.</i>	\$10.76	N
1784E-1P	Ambulatory pump — may be used to provide continuous or intermittent drug delivery. Purchase. In the continuous delivery mode, the pump delivers medication at a constant rate. In the intermittent mode, it delivers medication at regular, preset intervals. It is possible to program a second rate between periods or before the original period. Includes administration equipment. <i>Discontinued for dates of service on or after July 1, 2002.</i>	4,517.15	N
1784E-RR	Ambulatory pump — may be used to provide continuous or intermittent drug delivery. Purchase. In the continuous delivery mode, the pump delivers medication at a constant rate. In the intermittent mode, it delivers medication at regular, preset intervals. It is possible to program a second rate between periods or before the original period. Includes administration equipment. <i>Discontinued for dates of service on or after July 1, 2002.</i>	16.14	N
1785E-1P	Variable speed syringe pump, infusion system, designed specifically for intermittent drug delivery. 1 unit = 1 day rental. <i>Discontinued for dates of service on or after July 1, 2002.</i>	4,143.16	N
1785E-RR	Variable speed syringe pump, infusion system, designed specifically for intermittent drug delivery. 1 unit = 1 day rental. <i>Discontinued for dates of service on or after July 1, 2002.</i>	39.66	N
1786E-1P	Ambulatory pump system. Flow/rate range 0.4 — 200 ml/hr. Purchase. Includes alarms for air in line, occlusion, and battery error. Includes administration equipment. <i>Discontinued for dates of service on or after July 1, 2002.</i>	2,022.46	N
1786E-RR	Ambulatory pump system. Flow/rate range 0.4 — 200 ml/hr. Rental per day. Includes alarms for air in line, occlusion, and battery error. Includes administration equipment. 1 unit = 1 day rental <i>Discontinued for dates of service on or after July 1, 2002.</i>	\$7.23	N

Parenteral Nutrition Infusion Pumps

- MAA reimburses for only one type of parenteral nutrition pump code, per month.
- MAA does not reimburse for a rental and a purchase of the same item simultaneously per client.
- Parenteral pumps must be new equipment at beginning of rental period.
- Parenteral Nutrition pumps are considered purchased after 12 months' rental.
- Modifier is required, when billing.
- Purchase is limited to one pump, per client, per 5 years.

Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
B9004-1P	Parenteral nutrition infusion pump, portable. Purchase.	\$2,238.01	N
B9004-RR	Parenteral nutrition infusion pump, portable. Rental per month. 1 unit = 1 month	354.30	N
B9006-1P	Parenteral nutrition infusion pump, stationary. Purchase.	2,238.01	N
B9006-RR	Parenteral nutrition infusion pump, stationary. Rental per month. 1 unit = 1 month	354.30	N

Parenteral Nutrition Solutions

When using half units of parenteral solutions, MAA will reimburse for 1 unit every other day, otherwise allowed once per day. In the event an odd number of days of therapy are delivered, you may round the last day of therapy to the closest unit. **(Example: If you are delivering 250 ml of 50% dextrose for 21 consecutive days, you may bill for 11 units of parenteral solution.)**

• Reimbursement is limited to a one-month's supply.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
B4164	Parenteral nutrition solution; carbohydrates (dextrose), 50% or less (500 ml = 1 unit) home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.</i>	\$15.08	N
B4168	Parenteral nutrition solution; amino acid, 3.5% (500 ml = 1 unit) home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.</i>	21.96	N
B4172	Parenteral nutrition solution; amino acid, 5.5% through 7% (500 ml = 1 unit) – home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.</i>	32.24	N
B4176	Parenteral nutrition solution; amino acid, 7.5% through 8.5% (500 ml = 1 unit) – home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.</i>	42.51	N
B4178	Parenteral nutrition solution; amino acid greater than 8.5% (500 ml = 1 unit) - home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.</i>	51.04	N
B4180	Parenteral nutrition solution; carbohydrates (dextrose) greater than 50% (500 ml = 1 unit) = home mix. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.</i>	21.61	N
B4184	Parenteral nutrition solution; lipids, 10% with administration set (500 ml = 1 unit)	70.86	N
B4186	Parenteral nutrition solution; lipids, 20% with administration set (500 ml = 1 unit)	94.48	N
B4189	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams protein – premix.	157.66	N
B4193	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein – premix.	203.73	N

• Reimbursement is limited to a one-month's supply.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
B4197	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 74 to 100 grams of protein – premix.	\$248.02	N
B4199	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, over 100 grams of protein – premix.	283.42	N
B4216	Parenteral nutrition solution; additives (vitamins, trace elements, heparin, electrolytes) – home mix, per day. <i>Not allowed in combination with B4189, B4193, B4197, B4199, B5000, B5100, B5200.</i>	6.85	N
B5000	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal – amirosyn RF, nephramine, renamine – premix.	10.54	N
B5100	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic - freamine HBC, hepatmine - premix.	4.12	N
B5200	Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress - branch chain amino acids - premix.	3.82	N

Parenteral Nutrition Supplies

Parenteral Nutrition Care Kits are considered “all-inclusive” items necessary to administer therapy.

• Reimbursement is limited to a one-month's supply.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
B4220	Parenteral nutrition supply kit; premix, per day. 1 unit = 1day	\$7.10	N
B4222	Parenteral nutrition supply kit; home mix, per day. 1 unit = 1 day.	8.75	N
B4224	Parenteral nutrition administration kit, per day. 1 unit = 1 day <i>Not allowed in combination with 0231B, B4222, 0191B, 0192B, or 0193B</i>	22.19	N

Insulin Infusion Pumps

• Modifier is required, when billing.			
Procedure Code/ Modifier	Description	Maximum Allowable Fee	NH per diem?
E0784-1P	External ambulatory infusion pump, insulin. 1 per client, per 4 years. Purchase.,	\$4,154.30	N
E0784-RR	External ambulatory infusion pump, insulin. Rental per month. 1 unit = 1 month. Maximum of 12 months rental allowed.	\$415.43 per month	N

Insulin Infusion Supplies

*Reimbursement is limited to a one-month's supply.				
Procedure Code/ Modifier	Description	Maximum # Units	Maximum Allowable Fee	NH per diem?
A4230	Infusion set for external insulin pump, non needle cannula type.	1 box per client, per month	\$204.64	N
A4231	Infusion set for external insulin pump, needle type.	1 box per client, per month	136.42	N
A4232	Syringe with needle for external insulin pump, sterile, 3 cc.	1 box per client, per 2 months.	80.40	N
4582B	Insulin infusion pump case	1 per client, per 5 years	42.63	N
4583B	Disposable power kit for insulin infusion pump only. (Includes nine 1.5 volt batteries, #357 lead screw cleaning brush, and #2 tubing clamps). Not allowed in combination with 0408B.	1 per client, per 12 months	31.67	N
0408B	Generic 1.5v battery such as Everready to be used only for insulin pumps. Not allowed in combination with 4583B.	9 per client, per 3 months	1.62 each	N
4883B	Insulin infusion pump battery kit. Ten 3 volt silver oxide batteries.	1 per client, per 6 months	91.50	N



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